

TOWN OF AUBURN

Fee: \$60.00

In conformity with the provisions of Chapter one hundre amended, the undersigned hereby declare(s) that a but	
Corporate or Alternate Name:	
DBA Name In Town	
	, Auburn, MA, by the following
named persons. (Include corporate name and title	
Full Name	Residence/Corp Office
Signed:	
Signature)	(Signature)
Signature)	(Signature)
Full Description of the Business	
The Commonwealth of Massa State	
County	(Date)
Personally appeared before me the above statement is true.	named person(s) and made oath that the foregoing
Seal	
(Title)	

A certificate issued in accordance with this section shall be in force and effect for four years from the date of issue and shall be renewed each four years thereafter so long as such business shall be conducted and shall lapse and be void unless so renewed.

STATEMENT OF DISCONTINUANCE, CHANGE OF RESIDENCE, CHANGE OF LOCATION OF BUSINESS, WITHDRAWAL, OR DECEASED FROM BUSINESS OR PARTNERSHIP

1) In conformity with the provisions of Chapter 110, Staws, the undersigned hereby declare(s) that we (I) h	
Discontinued	Withdrawn from
the business known as	
conducted at	
as set forth in the certificate filed on	
NAME	ADDRESS
2) The location/name of the business my my last name as it appears or	residence as it appears on the business certificate of n the business certificate of
filed on	
has been changed to	
********************	******************
3) As Executor or Administrator for the Estate of	
· —	y request a
Discontinuance of the business cert	
Withdrawal of his/her name from the	
filed on in the name	
**************************************	**********************
ONTHE ABOVE NAMED P OATH THAT THE FOREGOING STATEMENT IS TR	PERSON(S) APPEARED BEFORE ME AND MADE UE.
SEAL	TITLE



TOWN OF AUBURN

Office of the Town Clerk 104 Central Street Auburn, MA 01501 Debra A. Gremo CMC/CMMC

Town Clerk

BUSINESS CERTIFICATE

DISCLAIMER FORM

I understand that the business certificate that I am filing with the Auburn Town Clerk's Office is not a license to do business nor does it give permission to operate within a particular zone. This business certificate also known as a D/B/A or a fictitious name certificate is a requirement of State Consumer Protection Law MGL., Ch 110, Sec.5.

I further understand that it is my responsibility to contact the Code Enforcement Office (Building Inspector) to determine whether any other permits, variances or licenses are required by the Town Of Auburn and to obtain the proper permits, variances, or licenses before doing business at the address stated on the business certificate.

Company Name	Date
I have read and unders	tand the above information.
Signature	Signature
Signature	Signature

Telephone: (508) 832-7701 Fax: (508) 832-4192 Email: <u>dgremo@town.auburn.ma.us</u>

Web site: www.auburnguide.com